DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Supportive Living
DSL-31A (Rev. 04/2001)

STATE OF WISCONSIN
SOS Desk (608) 266-9198
Completion of this form meets the requirements
of the State / County contract specified under
Wisconsin Statutes. S. 46.031(2)(c)(2)

CORE
HUMAN SERVICES REPORTING SYSTEM
MULTIPLE CLIENTS

CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update) **Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).**

Episode Key	1 Worker ID	2a Social Security Number	2b Client ID

3a Last Name	3b First Name	3c MI	3d Suffix	4 Birthdate (mm/dd/yyyy) _____ / _____ / _____	5 Sex F M

6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander	7 Client Characteristics

OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)

8a Street Address	8b City	8c State	8d ZIP Code	8e County	8f Telephone ( )

9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date	13 Closing Reason	14 Family ID	15 Local Data

CLIENT SERVICE - Screen 14

Prog.No (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date mm yyyy	21 SPC Start Date mm dd yyyy	22 SPC End Date mm dd yyyy	23 Provider Number	24 SPC Review Date mm yyyy

Shaded areas optional.

*Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institute for Mental Disease.
Exclude SPCs 201, 203, 204 & 504 where days are calculated in the module.

OVER

FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)

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